

# Democracy and Human Rights Fund

## U.S. Embassy Addis Ababa

Small Projects Office, U.S. Embassy, P.O. Box 1014, Addis Ababa, Ethiopia

Telephone: 011-517-4779/4850/4366

Fax: 011-124-2431/011-124-2401

Email: [Mitchell-ClarkK@state.gov](mailto:Mitchell-ClarkK@state.gov), [MandefroDB@state.gov](mailto:MandefroDB@state.gov) or [WoldeTD@state.gov](mailto:WoldeTD@state.gov)

### GRANT APPLICATION SUMMARY SHEET

(Complete and attach to proposal)

Organization Name: \_\_\_\_\_

Town: \_\_\_\_\_ Woreda: \_\_\_\_\_ Region: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Location (town, woreda and region): \_\_\_\_\_

Amount of U.S. Embassy Request: \_\_\_\_\_

Total Project Budget: \_\_\_\_\_

Contribution of Applicant Organization (e.g., financial, management expertise, workshop space): \_\_\_\_\_

\_\_\_\_\_

Has your organization applied previously for Democracy and Human Rights funds?

\_\_\_\_ Yes \_\_\_\_ No

If yes, provide the name of the project, the year applied and the result of the request:

\_\_\_\_\_

**Project Summary:** Provide a brief summary of the project for which you are applying for funding (maximum of 100 words). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### APPLICATION FOR ASSISTANCE

Please complete fully, attach pro-forma invoices for all items requested, and return by mail, fax or email.

**1. Applicant Organization**

Name: \_\_\_\_\_

Town: \_\_\_\_\_

Woreda: \_\_\_\_\_

Region: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**2. Project Title:** What is the name of your project?

**3. Location:** In which town, woreda and region will the project be implemented?

**4. Type:** What issue or theme (e.g., human rights, Female Genital Mutilation, judicial training, civic education, conflict resolution) does the project address?

**5. Purpose:** What will the project accomplish?

**6. Rationale:** What problem or need will the project address?

**7. Objectives:** What are the project's objectives? All objectives should be **SMART** (i.e., Specific, Measurable, Achievable, Realistic and Timed).

8. **Activities:** What do you intend to do to accomplish your objectives? Please list the activities in the order in which they will be implemented. **Remember: there should be a direct relationship between the activities and the budget items described in Item 17.**
9. **Duration:** What is the estimated time it will take to complete the project?
10. **Expected Outcomes:** What **change** and/or **awareness** will the project bring about regarding the issue or theme to be addressed?
- How will you know the **intended change** (e.g., publication of a manual that the Ministry of Labour and Social Affairs adopts as policy regarding the rights of the disabled) has been achieved?
  - How will you know the **intended awareness** (e.g., a media campaign intended to influence legislators on the rights of women and children) has been achieved?
11. **Beneficiaries:** How many and what populations of people (e.g., women, the disabled, parliamentarians, street children, judges, etc.) will benefit from the project?
- Direct beneficiaries: male \_\_\_\_\_ female \_\_\_\_\_
- Population(s): \_\_\_\_\_
- Indirect beneficiaries: male \_\_\_\_\_ female \_\_\_\_\_
- Population(s): \_\_\_\_\_
12. **Engagement of Stakeholders:** What stakeholders (e.g., woreda administration, Women's Affairs Bureau) need to be engaged to ensure the project's success? How will you engage them? If appropriate, please attach letters of support or commitment from your intended stakeholders.
13. **Challenges:** What potential challenges do you face in implementing the project? How will they be addressed?

14. **Sustainability:** Once it is completed, what will be done to ensure the project continues to provide its intended impact? Is it fully understood that any U.S. Embassy contribution to this project will be one-time only?
15. **U.S. Embassy Contribution Requested (in U.S. dollars):** Please state the amount you are requesting in U.S. dollars. When converted to Ethiopian Birr, this figure should be the same as the total in Item 17.
16. **Contribution of Applicant Organization:** What contributions will your organization make to the project (e.g., financial, management expertise, workshop space)?
17. **Project Budget (in Ethiopian Birr):** Please state the expenses in Birr. In order to be considered for funding, you must provide pro-forma invoices for all products and services to be purchased. Use a separate sheet of paper if necessary. **Remember: there should be a direct relationship between the budget items and the activities you describe in Item 9.**

Item	Unit of Sale	Price per Unit (Birr)	Quantity or Duration	U.S. Contribution	Applicant Org. Contribution	Total Price
<i>Example: Hall Rental</i>	<i>Per day</i>	<i>350.00</i>	<i>3 days</i>	<i>850.00 Birr</i>	<i>200.00 Birr</i>	<i>1,050 Birr</i>

Total Amount Requested: \_\_\_\_\_

*Note: Expenses that fall outside the project activities will not be covered.*

18. **Background of Applicant Organization:** How does the project fit with your organization's objectives and current programming? When was your organization established? Briefly describe past accomplishments that you consider noteworthy.

19. **Capacity of Applicant Organization:** What is the size of your staff, and what skills and capabilities do they possess? What is your project management experience? What has been your previous performance on similar projects? Who will be the person responsible for ensuring completion of the project? What are his/her qualifications?
20. **Past U.S. Embassy Assistance:** Has your organization applied previously for DHRF funding? If so, give the name of the project, the year applied and the result of the request.
21. **Other Assistance:** Have you applied to other embassies or organizations for assistance with this project? If so, please list them and give the results of the requests.
22. **Record Keeping:** Will records be kept for at least three years and be made available for inspection?
23. **Project Monitoring:** Will representatives of the U.S. Embassy be permitted to observe workshops, trainings and other activities in order to assess project performance?
24. **Responsibilities of Applicant Organization:** Do you agree to be responsible for all expenses that fall outside the project activities? Do you agree to handle all arrangements and logistics related to project implementation?
25. **Maintaining Contact:** If your address or telephone number changes, will you immediately provide the new information to the U.S. Embassy?
26. **Submission of Receipts:** Do you agree to provide the U.S. Embassy with original receipts for all funds received? **Submission of original invoices and receipts is extremely important for accounting purposes.**
27. **Ethiopian Government Involvement:** What is the role, if any, of the Ethiopian Government in this project?
28. **Legal Status:** Please attach a certificate of registration from the Ministry of Justice and an operational agreement from the Disaster Prevention and Preparedness Commission. If your organization has not obtained these documents, please state why.

**Name of person completing this form:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_